



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

I/we hereby authorize **ModivCare Solutions, LLC** (“The Company”) to initiate electronic credit entries to the financial institution and account indicated below. I/we further authorize “The Company” to initiate electronic debit entries to the account listed below to correct any errors. This authority is to remain in full force and effect until “The Company” has received written notification to terminate the agreement. All changes must be submitted in writing and may require a new EFT agreement.

Section 1 (To be completed by the Transportation Provider)

Type of Transaction: ___Add ___Change ___Delete

Transportation Provider Name: _____
Address: _____
Telephone Number: _____

*Federal Tax Identification Number: _____

*Authorize Signer Name: _____

*Authorize Signature: _____

Section 2 (To be completed by the Financial Institution)

Direct Deposit to: _____

Financial Institution Name: _____
Address: _____
Telephone Number: _____

*Bank Account Number: _____

*Routing # or ACH R/T #: _____

Bank Official Signature: _____ Date: _____

Section 3 (To be completed by the ModivCare Solutions, LLC)

Date Received: _____ Vendor Code: _____

A/P Approval: _____ Treasury Approval: _____

PLEASE ATTACH VOIDED CHECK

No Counter/Starter Checks

(EFT form, voided check, Bank form or Letter)

1275 Peachtree St NE 6th Floor

Atlanta, GA 30309

Attn: AP Dept